

## Supplementary Application 2021

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Thank you for your application to the Michener Institute of Education at UHN. As the next step in the Admission process, all applicants must submit this Supplementary Application Form. **Failure to submit this form will result in your application being withdrawn for 2021.**

### INSTRUCTIONS

Please review and agree to all statements below and then email your completed form to: [regoffice@michener.ca](mailto:regoffice@michener.ca)

#### 1. Mandatory Mask Fit Testing

I understand that all students must be mask fit tested and I have reviewed, understand and if offered admission, agree to the [Mandatory Mask Fitting Requirement Policy](#) which requires students to be clean shaven.

Yes  No

#### 2. Health Services Requirements

I am aware of Michener's mandatory [Health Services Requirements](#) and if offered admission, agree to submit all documents by the program specified deadline.

Yes  No

#### 3. MRI Screening Form (FOR APPLICANTS TO THE MRI PROGRAM ONLY)

I am aware of Michener's MRI screening requirements and if offered admission, agree to submit all documents by the May 31, 2021 deadline.

Yes  No

#### 4. WHMIS Training

I am aware that, if admitted, I will be required to annually complete the Workplace Hazardous Materials Information System (WHMIS) training program during the first week of classes.

Yes  No

#### 5. Michener Community Rights and Responsibilities

I have read, understand, and agree to abiding by the [Michener Community Rights and Responsibilities](#) if admitted to Michener.

Yes  No

## 6. Clinical Placements

I understand, if admitted to Michener, that I may be required to relocate to fulfill my clinical placement anywhere in Canada as required by my program. I have read, understand, and agree to [Michener's Clinical Placement Policy](#).

Yes  No

## 7. Vulnerable Sector Check

I agree to provide an annual [Vulnerable Sector Check](#) (VSC) for each year I am registered with The Michener Institute of Education at UHN. For 2021, if offered admission, I agree to submit all documents by the program specified deadline.

Yes  No

## 8. Health Professional Licensure Status

Have you ever had a health professional license revoked, suspended, restricted, limited, or subjected to any other adverse action?

**Note:** Answering yes will not dismiss your application from consideration but may affect ability to secure clinical placements to complete the requirements of a program, or to register with a professional regulatory college.

Yes  No

## 9. Criminal Charges or Convictions

Have you ever been charged with (where charges are still outstanding or unresolved) or convicted (not including traffic violations) of an offense under any Provincial law, Federal statute or international law (other offenses) and/or have you ever been charged (where charges are still outstanding and unresolved)?

**Note:** Answering yes will not dismiss your application from consideration but may affect ability to secure clinical placements to complete the requirements of a program or to register with a professional regulatory college.

Yes  No

## 10. Personal Information

I agree that I have reviewed [Michener's Privacy Policy](#). I hereby specifically consent to allow Michener to collect and disclose information pertaining to my Academic Record, Attendance Record and other information reasonably necessary for purposes of certification, registration, and evaluation at Michener and/or for professional bodies for purposes of Michener's application for accreditation or application for support from any government, agency, or sponsorship program. Agencies include but are not limited to affiliated academic and clinical education sites.

Yes  No

## 11. Participation in Learning Activities

Students enrolled in Michener's programs acquire basic technical skills under the supervision of qualified program faculty by practicing real and/or simulated learning activities which at times may involve classmates, volunteers, and/or other individuals. These activities can also be evaluated to determine competence acquisition. I agree to adhere to the requirement of these learning activities. I also consent to my active participation in these activities and understand that I

may be required to act as a simulated patient for other students. If I am unable to participate fully and safely in these learning activities, I understand I must refer myself to the Health Nurse with a request for accommodation.

Yes  No

### 12. Recording of Learning Activities

Michener uses audio and visual recordings and photography to support learning activities and for the purposes of evaluation. I consent to the use of audio-video recording and photography and to having myself recorded and photographed recognizing it is an integral component of Michener's courses.

Yes  No

### 13. Confidentiality

I hereby agree to maintain the confidentiality of all learning activities, examinations, assignments and assessments pertaining to my program. If I receive permission to write an exam/assignment/assessment, or, participate in a learning activity in advance of its scheduled date, I agree not to divulge or discuss any information relating to the exam/assignment/assessment in whole or in part to anyone. Further I agree to keep in confidence discussions or outcomes of discussions to which I may be privy as a student representative serving on internal Michener committees. I understand that a breach of confidentiality in either of these circumstances could result in my immediate dismissal from the program.

Yes  No

### 14. Michener Rights

I understand that the Michener Institute of Education at UHN reserves the right to make changes to program availability, program length, campus locations, or curriculum, or to adjust fees, admission requirements, policies or procedures at any time. Michener would make such changes to meet competencies in the job market and/or as prescribed by its governing Ministry, or for budgetary reasons or for other reasons it deems necessary. Michener shall not accept any liability for the consequences of these changes.

Yes  No

#### Notes:

1. This form is **required** for your application to Michener.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_